

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		7	
2		1				
3		2				
4		0				
5		0				
6		0				
7		1				
8		0				
9		0				
10		0				
11	1					
12		1				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		1				
20						
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			2			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
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45						
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49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	17	←	19	←	20	←
TOTAL CLAIMS	19		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				←		
TOTAL CLAIMS				←		